

The Oral Cancer Exam

Death from oral cancer can be greatly reduced with early detection and treatment. The five-year survival rate for individuals diagnosed with oral cancer at a localized stage is more than 75% (compared to 19% for those diagnosed at later stages).

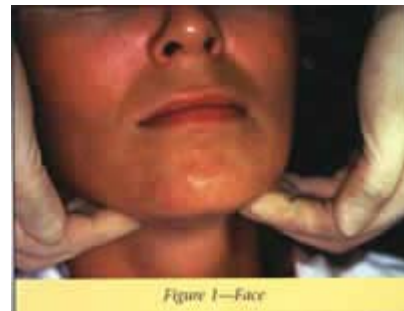
Early detection of oral cancer is possible through examination of tissue changes in the mouth that can be seen and felt easily during an oral cancer exam.

What to look for:

Leukoplakia:

- white patches
- Erythroplakia: red patches
- Lump or thickening of the soft tissues
- Soreness or feeling that something is caught in the throat
- Difficulty chewing or swallowing
- Ear pain
- Difficulty moving the tongue or jaw
- Swelling of the jaw that causes dentures to fit poorly or become uncomfortable
- If these conditions last for longer than two weeks, a definitive diagnosis should be sought (referral to specialist/laboratory tests).

Step 1: Inspect the face, head, and neck. Note any asymmetry or changes on the skin (crusts, fissuring, growths, and/or color change). Palpate the regional lymph nodes (preauricular, submandibular, anterior cervical, posterior aricular, and posterior cervical) to detect node enlargement, mobility, and consistency.



Step 2: Assess the following perioral and intraoral structures:

Lips: Observe the lips with the mouth both open and closed. Note the color, texture, and any surface abnormalities of the upper and lower vermillion borders.



Labial Mucosa: With mouth partially open, visually examine the labial mucosa and sulcus of the maxillary vestibule and frenum and the mandibular vestibule. Observe color texture, and any swelling or abnormalities of the vestibular mucosa and gingival.



Buccal Mucosa: Retract the buccal mucosa. Examine (first the right and then the left) buccal mucosa extending from the labial commissure and back to the anterior tonsillar pillar. Note any change in pigmentation, color, texture, mobility, and other abnormalities, making sure the commissures are examined carefully and are not covered by the retractors during the retraction of the cheek.



Figure 5—Right Buccal mucosa



Figure 6—Left Buccal mucosa

Gingiva: Examine the buccal and labial aspects of the gingival and alveolar ridges by starting with the right maxillary posterior gingival and alveolar ridge and then move round the arch to the left posterior area. Drop to the left mandibular posterior gingival and alveolar ridge and move around the arch to the right posterior area. Examine the palatal and lingual aspects as had been done on the facial side, from right to left on the palatal and left to right on the lingual.



Figure 7—Gingiva

Tongue: With the tongue at rest and mouth partially open, inspect the dorsum of the tongue for any swelling, ulceration, coating or variation in size, color, or texture. Note any change in the pattern of the papillae covering the surface of the tongue. With the tongue extruded, note any abnormality of the mobility or positioning. With a mouth mirror, inspect the right and left lateral margins of the tongue. Grasp the tip of the tongue with a piece of gauze and examine the posterior aspects of the tongue's lateral borders. Examine the ventral surface of the tongue. Palpate the tongue to detect growths.



Figure 8—Tongue dorsum



Figure 9—Tongue left margin



Figure 10—Tongue right margin



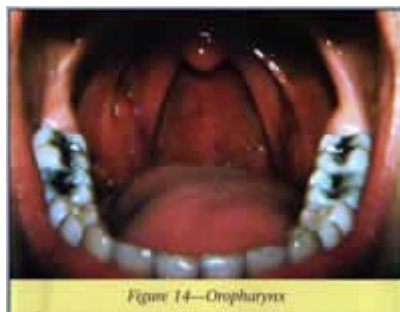
Figure 11—Tongue ventral

Floor: With the tongue elevated, inspect the floor of the mouth for changes in color, texture, swellings, or other surface abnormalities.



Figure 12—Floor

Palate: With mouth wide open and patient's head tilted back, gently depress the base of the tongue with a mouth mirror. First inspect the hard and then the soft palate. Examine all soft palate and oropharyngeal tissues. Bimanually palpate the floor of the mouth for any abnormalities. All mucosal or facial tissues that seem to be abnormal should be palpated.



***The information regarding oral cancer exams is from the U.S. Department of Health and Human Services, Public Health Service, National Institutes of Health, National Institute of Dental and Craniofacial Research (2001). ***